

Guild of Pregnancy and Postnatal Exercise Instructors



MEMBERSHIP APPLICATION FORM

Please complete in capitals so that we have your up to date details. Thank you.

DATA PROTECTION. Your details are stored in a computer database. They are not made available to anyone without your prior written consent.

NAME.....

ADDRESS 1.....

ADDRESS 2.....

ADDRESS 3.....

POST CODE.....

TELEPHONE.....

MOBILE.....**EMAIL**.....

SPECIALISM (eg pilates, exercise to music, PT etc).....

Please list your qualifications below, and send in copies of your certificates:-

.....
.....
.....

Please tick the boxes to confirm:-

(NB. If actively teaching you MUST tick AND initial the insurance box)

- FULL** - I enclose a cheque for £..... (entitled to website listing)
- ASSOCIATE** – I enclose a cheque for £.....
- I confirm I have relevant public liability insurance and will maintain this as long as I am teaching.
- I am not on email and would like Scoops to be issued to me by post.
- I would like to be put on the e-group

Cheques should be made out to The Guild of Postnatal Exercise Teachers.

SIGNED.....**DATE**.....

Return this renewal form with your cheque:-

Meg Walker
Secretary to the Guild of Pregnancy and Postnatal Instructors
Field House
Toadsmoor Road
Brimscombe
Stroud
GL5 2UL

For office use

RENEWAL MONTH..... **DATE RECEIVED**..... **LOGGED**.....